

2006 - 2007

REQUEST FOR APPLICATION

FOR

POTENTIAL
SUPPLEMENTAL EDUCATIONAL
SERVICE PROVIDERS



Gene Wilhoit

Commissioner of Education
Kentucky Department of Education

www.education.ky.gov

CLOSING DATE: Tuesday, May 2, 2006 @ 4:00PM (EST)

No Exceptions

This Application Packet was adapted from the *SEA Toolkit on Supplemental Educational Services*, developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI).



APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

Introduction

Under Title I, Part A, of the *No Child Left Behind* Act (ESEA), low-income students (those qualifying for Free or Reduced Lunch) attending schools that are in Tier 2 (have not made Adequate Yearly Progress (AYP) for three years) or higher may receive supplemental educational services from approved supplemental educational service providers. States are responsible for identifying eligible Supplemental Service Providers. Parents choose the provider for their children from among those approved by the State for their school district. The status of all Kentucky schools can be found at [2005 NCLB Media Reports](#).

Supplemental educational services focus on increasing student achievement and include relevant tutoring, targeted remediation, and academic intervention based upon individual learning plans. Subjects may include, but are not limited to, English/language arts, math, and/or reading, with educational services provided before school, after school, or in the summer. Often, short-term tutoring services can have major potential long-term effects on personal self-esteem, motivation, study habits, and knowledge of a subject.

What is an effective Supplemental Educational Services Model?

Kentucky's recommended model for the provision of effective supplemental educational services has three components:

1. **Diagnostic assessment or an appropriate assessment process** to identify student weaknesses and achievement gaps upon which to build an individual student plan for learning goals.
2. **Targeted remediation/instruction** aimed at addressing the individual skill gaps revealed during the assessment and based upon an individual learning plan; and
3. **Post assessment** to see if student gains occurred and/or to further develop a plan for either re-teaching skills or identifying new skill sets for instruction.
4. **On-going Assessment** to provide constant feedback about individual student progress toward stated goals.

Applications from providers that do not address these components within their programs will not be reviewed at this time, but may reapply during the next annual (2007) request for application window once these components have been addressed.

Applying to Become a Supplemental Educational Service Provider in the State of Kentucky

In response to the regulations in *No Child Left Behind*, the Department of Education has established objective criteria for selecting Supplemental Educational Service Providers for the State-approved list. In order for a provider to be considered for approval and included on the State-approved list, the Provider must complete the application contained in this packet and receive the required minimum score as rated by a team of qualified reviewers. Applicants who do not meet the minimum qualifications will be notified and may reapply in future years.

This application is divided into three parts. **Part I** requests Basic Program Information from each applicant (e.g., program name, costs, provider contact information, etc.); **Part II** requests summary information about the applicant's program; and **Part III** addresses the following indicators of quality for supplemental service providers:

- Accessibility for Students;
- Effectiveness in Improving Student Performance in Reading and Math;
- Links Between Research and Provider Program Design;
- Connection to State Academic Standards, Kentucky Core Content and District(s) Instructional Program(s);
- Monitoring Student Progress;
- Communication with Schools and Districts;
- Communication with Parents and Families;
- Qualifications of Staff;
- Financial and Organizational Capacity;
- Compliance with Federal, State and Local Health and Safety Standards;
- Compliance with Federal, State and Local Civil Rights Protections; and
- Other Considerations Suggested by the Provider.

In addition, the Department of Education reserves the right to require high-scoring, eligible provider applicants to appear before a panel of LEA and SEA representatives to answer questions regarding their application before the applicant can be approved for the state list. In reviewing applications, unit costs will be taken into consideration insofar as a provider's fee for service is beyond resources available within a district as outlined in the law. Homework help does not qualify as Supplemental Educational Services (SES) in Kentucky. In addition, approved applicants must have a way to deliver the instructional program; "stand-alone" curriculum or computer software programs by themselves do not qualify for the list of providers.

Who is eligible to apply to become a Supplemental Educational Service Provider?

Providers may be nonprofit entities, for-profit entities, local education agencies (that are not in Title I school improvement), public schools (that are not in Title I school improvement), private schools, after-school centers, cooperative educational service agencies, institutions of higher education, private businesses and community-based/faith-based organizations. Individuals or groups of individuals may be a supplemental educational service provider **only** if they organize as a non-profit or for-profit entity and they meet the applicable statutory and regulatory requirements. Regardless of the identity of the provider, the instruction and content must be secular, neutral and non-ideological.

Levels of Approval

There will be two levels of approval in Kentucky: (1) Full Approval and (2) Approval as a New and Emerging Program. An applicant that is approved as a New and Emerging Program lacks the strong evidence of effectiveness in providing SES type services that a Fully Approved provider will be able to demonstrate. Applicants that have operated a targeted remediation program for one year or less will be strongly encouraged to apply as a New and Emerging Program. In order to be designated as a **New and Emerging Program**, an applicant:

- May not be affiliated with any other supplemental educational services provider;
- Must meet the same minimum score as other providers to get on the state-approved list;
- Can only request to serve a statewide total of 200 children while in this status;
- Would be categorized as a New and Emerging provider in district correspondence to parents;
- May have an instructional student/teacher ratio limited by the state; and

- Would be required to participate in specially designed technical assistance modules throughout the year.

Responsibilities of an Approved Supplemental Educational Services Provider

To be included on the approved list of supplemental educational service providers, applicants must have met the indicators of quality as stated in the rubric (see Appendix A). They must also:

- Set specific achievement goals for the student, which must be developed in consultation with the student's parents and are based upon an approved assessment process;
- Provide a description of how the student's progress will be measured and how the student's parents and teachers will be regularly informed of that progress;
- Establish a timetable for improving the student's achievement;
- Agree to terminate services if student progress goals are not met;
- Agree not to disclose to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the student's parents; and
- Agree that services will be provided consistent with applicable civil rights laws.
- Annually sign an Assurances Form indicating agreement with requirements of the state of Kentucky.

Monitoring and Provider Accountability

Once approved, a provider must be able to demonstrate the capacity for meeting the stated requirements as listed in the assurances and in accordance with the contract with the district and can be removed for cause. Examples of reasons why a provider could be removed from the list within the first two years are **not limited to**:

- Failure to deliver the SES model that was described in the approved application; or
- Failure to perform criminal background checks of all employees who will have contact with students, which is a State law.

It is important to further note that all Supplemental Educational Services Providers must also submit to the State Department of Education and the schools of all students served, an annual report that summarizes the progress of all students provided with supplemental services. In addition, providers in Kentucky will be required to use the Department of Education's established monitoring system for collecting information on individual students.

The application packet follows. It is important to respond to each section completely and only attach specific information referenced in the text of your responses.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

Instructions. Please review and follow all directions when completing this application. Keeping within page limits is recommended. If you have any questions, you may check the Department of Education's web site at www.education.ky.gov and go to the web page for Supplemental Services. You may also mail your questions to the Kentucky Department of Education, Supplemental Educational Services RFP, ATTN: Lauren Moore, 16th Floor CPT, 500 Mero St., Frankfort, Kentucky 40601. Fax: (502) 564-8149.

- Use 12-point font size and double space.
- Applications (an original, 3 copies, and a CD or Floppy disk with electronic copy) must be **received** no later than **4:00 p.m. (EST)** on **Monday, April 17, 2006**.
- Applications should be mailed or delivered to: Lauren Moore, 16th floor CPT, 500 Mero St., Frankfort, Kentucky 40601.
- All application attachments must be labeled and referred to in the text of the application so readers can locate back-up documents for each response. Attachments such as CDs, videotapes or other multimedia productions cannot be accommodated. *Only supplemental material needed to specifically answer questions in the application will be considered.*

NOTICE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

I. BASIC PROGRAM INFORMATION

Please check one:

- ☐ Applying for Full Approval
- ☐ Applying as New & Emerging Program

SECTION 1: PROVIDER IDENTIFICATION

1. Program Name:			
2. Federal EIN, Tax ID Number, or Social Security Number:		3. Date Provider Formed: <i>where applicable, list the date (month, year) in which you first delivered supplemental educational services to students.</i>	
4. Type of Provider <i>(check one):</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> For-profit company <input type="checkbox"/> Public School (non-charter) <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Local Education Agency (LEA) </div> <div style="width: 48%;"> <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Private School <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Other: _____ </div> </div>		

5. Provider Contact Information	Local Contact Person's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ Web Site: _____
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SECTION 2: PROVIDER GEOGRAPHIC SERVICE AREA INFORMATION

6. Service Area <i>List the district(s) and/or school(s) in which you are able to provide services.</i>	District(s): _____ and/or School(s): _____		
7. Geographic Setting <i>Check the setting(s) in which you have provided services to students in the past.</i>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Local Community* <i>*Applicant has provided services in community where program is being proposed.</i>		
8. Place of Service <i>Provide addresses and letters permitting use of facilities for ALL location(s) where you plan to deliver SES services to students.</i> <i>Letter not necessary if providing services in students' homes or at own location. Use additional sheet if necessary</i> <i>Letters MUST be submitted with application.</i>	Site Location #1	Site Location #2	Site Location #3
9. Transportation <i>Provide information about accessibility to public transportation from your site.</i> <i>Indicate if you are willing to provide services to eligible students at the school site, if applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3: PROVIDER ACADEMIC/INSTRUCTIONAL PROGRAM INFORMATION

10. Subject Areas Covered <i>List all subject areas you address in working with students.</i>		11. Number of Students Currently Served <i>Please provide the number of students you currently serve and where you serve them.</i>	
12. Grade Levels Currently Served <i>List the grade levels of your students for each subject listed</i>		13. Grade Level Able to Serve in 2006-07 <i>List the grade levels you are able to serve in the coming calendar year.</i>	
14. Maximum Number of Students Able to Serve in 2006-07 <i>Provide an estimate of the maximum number of students in this state that you will be able to serve</i>			
15. Specific Student Populations Served <i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box and state where you served them.</i> Where served: _____	<input type="checkbox"/> Low-income students (Approximate number served: _____) <input type="checkbox"/> Minority students (Approximate number served: _____) <input type="checkbox"/> Migrant students (Approximate number served: _____) <input type="checkbox"/> Limited English proficient students (Approximate number served: _____) *Indicate particular language(s) with which you have expertise. _____ <input type="checkbox"/> Special education students (Approximate number served: _____) Other: (describe) _____		
16. Time of Service <i>Check the time(s) that best describe when you deliver services to students.</i>	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____	17. Student/Instructor Ratio <i>List the ratio of instructors to children for each proposed tutoring session</i>	_____ students for every 1 instructor
18. Mode of Instructional Delivery	<i>Describe the methods in which your program delivers instruction to students.</i> <input type="checkbox"/> Individual Tutoring <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Online/Web-based <input type="checkbox"/> Other: _____		
19. Schedule of Services	<i>Describe how you schedule services for your students (e.g., 2.5 hour per week, twice a week; 1 time per week, etc.).</i>		

20. Current Staffing	<p><i>Describe the number of qualified instructional staff employed at present time.</i></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Hired from local teacher staff only <input type="checkbox"/> College graduates <input type="checkbox"/> Receive training from provider </div> <div> <input type="checkbox"/> Hired from local paraprofessional staff only <input type="checkbox"/> High school graduates <input type="checkbox"/> Off-site staff only </div> </div>
21. Instructional Curriculum	<p><i>Name/Describe the curriculum that will be used in all subject areas that will be covered.</i></p>
22. Diagnostic Assessment	<p><i>Name the instrument that will be used to diagnose skill levels for each individual student.</i></p>

SECTION 4: PROVIDER FEES

Cost/Fee Structure	<p><i>Check and complete the cost/fee structure that you use. These fees will be assumed to be on a per student basis unless indicated otherwise.</i></p> <div style="margin-top: 10px;"> <input type="checkbox"/> \$_____per _____(unit of time, e.g., hour, week, etc) per student </div> <div style="margin-top: 10px;"> <input type="checkbox"/> \$_____(flat fee) for _____ (unit of time, e.g., month, semester, year) per student </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other:_____ </div>
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Part II. PROGRAM OVERVIEW (REQUIRED)

PROGRAM OVERVIEW (*Limit 2 pages*) - NO POINTS ALLOTTED FOR THIS SECTION

Please summarize your program in a narrative form that can be used to describe your service to schools, parents or districts. First, describe your diagnostic/prescriptive process, how instruction then addresses the skill gaps identified, and how you will reassess to see if skills are mastered or if reteaching needs to occur. Include specific name(s) of assessment(s) that will be used along with the names of instructional materials that will be covered. Because no points are allotted to this section, be sure that items described in this narrative are also repeated when needed in the remaining sections of the application. In the second part of this section, your Program Summary should include a description of:

- ✓ Your approach or model of instruction;
- ✓ The time frame of tutoring services (units or modules of instructional services, beginning with assessment and ending with outcome evaluation of student progress);
- ✓ How services offered will help students from low income families improve their achievement;
- ✓ Preparation of instructional staff;
- ✓ The program facilities/equipment, including technology, computers and software;
- ✓ Instructional materials provided (and those the student is required to provide, if any);
- ✓ Specific strategies to evaluate programs effectiveness; and
- ✓ The per unit cost and duration per unit (hours, weeks, etc.) of your program/services

1. Please address, a) the process by which student needs are assessed/diagnosed and skill gaps identified, b) how an instructional program/intervention is to meet individual student needs, and c) how assessment occurs again to ascertain if skills are mastered.

2. Please summarize your program in a narrative form, addressing the information outlined in the shaded box, above.

Part III. INDICATORS OF QUALITY

A. PROGRAM ACCESSIBILITY (*Limit 2 pages*)

5 POSSIBLE POINTS

How will parents access your program for their children? Applicants should describe the physical location(s) and/or site(s) from which their services will be delivered. **If applicant proposes to utilize a facility other than their own or in students' homes, signed letters of agreement or understanding from these locations must be included.** Label attachments as necessary.

1. Describe in specific detail how you will provide access to services and minimize the need for transportation for students (e.g., providers using distance learning technology should explain how students will access those services, or how providers will structure their services to remove barriers for participation).
2. Describe how you will ensure your services are available to students with working parents (or guardians).

B. EVIDENCE OF EFFECTIVENESS *(Limit 2 pages)***20 POSSIBLE POINTS**

Provide descriptions of the evidence of effectiveness for the specific programs or services that you will be offering in Kentucky. Provide evidence of effectiveness for the following indicators. Please cite all sources of evidence. **The Department of Education expects that the evidence submitted will be for the instructional program to be delivered to students at the costs cited in this application.**

These indicators are listed in order of priority, with strongest consideration given to evidence of positive impact on student achievement on state, district or other nationally available tests, particularly for low-income, underachieving students. Evidence of positive impact on additional outcomes will also be considered (e.g., school grades, family/parent satisfaction, student discipline, student attendance, and/or retention/promotion rates), as well as provider-conducted studies, database information on student outcomes, and other sources of evidence. However, please note that priority will be given to third-party, independent research (see the U.S. Department of

Education Web site on scientifically based research for more guidance):

<http://www.ed.gov/nclb/methods/whatworks/research/index.html>

If you are applying for Full Approval, you must provide answers to questions 1 – 4 below in order to be approved.

If you are applying as a **New and Emerging Program Provider**, please provide answers to questions 5 and 6 only, plus other evidence that your program will improve the achievement of SES students. You can cite the history of performance of your staff, of the instructional materials/methodology, or other proof that you will be successful.

1. Provide evidence that your program has a positive impact on student achievement on state, district and/or another independent, valid and reliable performance tests, particularly for low-income, underachieving students (cite available research studies).
2. Provide evidence that your program has a positive impact on student performance using a measure that is not national or statewide (i.e., a test you developed) **AND** using school grades, homework completion, or school/teacher administered subject area test (cite available research studies).
3. Provide letters of reference from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district names for each reference. (Submit a minimum of 5 letters and a maximum of 10).
4. Provide additional evidence of improved outcomes, such as student attendance, retention/ promotion rates, graduation rates, family/parent satisfaction, and/or student behavior/discipline (cite available research studies).
5. Describe the perceived academic needs that your program plans to impact. Explain the extent to which the proposed program will provide a diagnostic/prescriptive process to address the needs of Title I-eligible students at risk of educational failure. For example, how many students in targeted schools have repeated a grade? How many are working below age or grade level? Include an explanation of data collection strategies that would show evidence of effectiveness in the future.
6. Provide quantitative data about the state, local community, and/or school district your program plans to serve, including demographic and economic data of the targeted children's families. Your description should include an analysis of school test data that identifies the major areas of academic need in English/language arts, reading or mathematics that your program will address.

C. LINKS TO SCIENTIFICALLY BASED RESEARCH *(Limit 2 pages)***15 POSSIBLE POINTS**

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically explain how the key instructional practices and major design elements of your program are (1) based on sound research, and (2) specifically designed to increase student academic achievement, preferably among low income, low achieving students.

Providers that offer reading instruction for students in grades K-3 will be expected to administer and provide formative and summative reports using the Kentucky Early Childhood Continuous Assessment Guide. Information regarding the K-3 assessment can be found on the Department of Education's early childhood website at

<http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Building+a+Strong+Foundation+for+School+Success+Series.htm>

1. Explain the theoretical and empirical rationale behind major elements of your program (research citations must be included). Examples of "major elements" may include mode of instruction, class size, time on task, assessment strategy, materials, etc. Be specific.

D. CONNECTION TO STATE STANDARDS AND INDICATORS FOR SCHOOL IMPROVEMENT AND DISTRICT INSTRUCTIONAL PROGRAM(S) *(Limit 2 pages)*
10 POSSIBLE POINTS

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically describe your program's connection to state academic standards and district(s) instructional program(s). Your description should address at least two of the following indicators.

- [Program of Studies](#)
- [Standards and Indicators for School Improvement](#)
- [Kentucky Core Content 4.0](#)
- [Kentucky Student Performance Standards](#)

To obtain these documents on the KDE website, click the titles or go to the Kentucky Department of Education home page at <http://www.education.ky.gov/KDE/Default.htm> and type the document title into the search bar.

1. Describe how your program's instruction and content is connected to State core content standards, especially the **Vertically Aligned Core Content** for math, language arts, and/or reading. Give examples of specific standards and core content your program addresses.

2. Describe your program's connection with the instructional program(s) of the district(s) in which you intend to operate. Cite the specific district program(s) and describe the connection. If you are applying for multiple districts, then explain how you will ensure the connection to each district's curriculum, particularly in math, reading, or language arts.

E. ASSESSMENT AND STUDENT PROGRESS (*Limit 1 page*) **10 POSSIBLE POINTS**

Your application in this area will be evaluated based on the extent to which you clearly describe the practices you use to evaluate and monitor student's progress towards clearly identified goals.

1. Please address, in detail, a) the process by which student needs are assessed/diagnosed and skill gaps identified, b) how an instructional program/intervention is prescribed to meet the student's individual needs, and c) how assessment occurs and is ongoing to ascertain if skills are mastered or reteaching needs to occur.

2. Describe the specific process you use to evaluate, monitor and track student progress on a regular basis. Include how you develop a timetable for each student's achievement gain.

F. COMMUNICATION WITH SCHOOLS AND DISTRICTS (*Limit 1 page*)**5 POSSIBLE POINTS**

Clearly explain the specific methods, tools, and processes you use to communicate student progress to schools and describe how you ensure a connection between the school program and your own services. Electronic communication can be an additional, but not primary form of communication.

1. Describe how you ensure a connection between your instructional program and the program in place at a student's school(s).

2. Describe the specific procedures that will be used to report on student progress to the student's teacher(s) and appropriate school or district staff.

H. QUALIFICATIONS OF INSTRUCTIONAL STAFF *(Limit 2 pages)***10 POSSIBLE POINTS**

Your application will be evaluated based on the extent to which you offer strong evidence of highly qualified staff and have demonstrated a commitment to ongoing professional development and improvement of your own products and services.

You may use the following as sources of evidence:

- ✓ The amount and quality of training provided to program staff;
- ✓ Years and level of work experience, particularly in working with Title I students;
- ✓ Highest degree attained; and/or
- ✓ Certification of staff.

Attach the resume of the person overseeing the instructional plan for students.

Additionally, if you employ fewer than 5 staff members, please submit a resume for each staff member (outlining employment experience, professional development experiences, and professional affiliations).

Your description should address each of the following indicators.

1. Describe your staff's qualifications to provide high quality supplemental services in reading and/or math.
2. Describe your program's/staff's experience in working with Title I students.
3. Describe your plan for professional development as a strategy to improve instruction, products, and services (include an explanation of the content, to whom and when the training is/was offered).
4. Describe how tutors and paraprofessionals are supervised and reviewed for performance by highly qualified educators.

I. FINANCIAL AND ORGANIZATIONAL CAPACITY *(Limit 2 pages, plus attachments)***10 POSSIBLE POINTS**

Your application will be evaluated based on the extent to which you offer strong evidence of your capacity to deliver quality services over time and at scale.

If you are applying as a **New and Emerging Program Provider**, please answer question 2 only.

Your description should address both points below:

1. Submit evidence demonstrating that your organization is financially sound. Your evidence may include:
 - ✓ A copy of an audit or audited financial statement that has been completed within the last two years and that has no substantive findings that would compromise the financial soundness of the entity.
 - ✓ Proof of liability insurance (include company name and policy number, or a copy of the policy cover page).

2. Submit evidence demonstrating that your organization has a sound management structure and adequate organizational resources to successfully supply quality services for the term of the contract with the LEA. Your evidence may include:
 - ✓ Business plans or profiles;
 - ✓ Descriptions of an experienced management team (e.g., CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who are involved in setting direction and maintaining a leadership system that enables your students to reach high standards; or
 - ✓ Copy of an organizational chart.
 - ✓ Copies of your business license or formal documentation of legal status for conducting business in Kentucky or another state.

J1. COMPLIANCE WITH FEDERAL, STATE AND LOCAL HEALTH & SAFETY STANDARDS (*Limit ½ page*) **5 POSSIBLE POINTS**

Your application will be evaluated based on the extent to which you comply with federal, state and local health and safety standards. Your description should address all of the following indicators.

1. Do you conduct criminal background checks on all employees before hiring? (Check one.)
☐ Yes ☐ No
2. Describe and submit a copy of all required licenses and/or certifications for health and safety.
3. Describe your safety record and procedures.
4. Describe the location and environment in which your services are provided.

J2. COMPLIANCE WITH FEDERAL, STATE AND LOCAL CIVIL RIGHTS PROTECTIONS (*Limit ½ page*) **5 POSSIBLE POINTS**

Your application will be evaluated based on the extent to which you comply with federal, state and local civil rights protections for program employees *and* participants. It should be noted that providers who are religiously affiliated are prohibited from refusing to hire otherwise qualified tutors or denying students who are not of that religion. PROVIDERS must ensure that instruction is secular, neutral and non-ideological. Your description should address all of the following indicators that apply.

1. Submit evidence demonstrating that your organization complies with federal state and local civil rights protections for your employees.
2. Submit evidence demonstrating that your organization complies with federal state and local civil rights protections for its students.
3. Providers may be expected to provide services to students with disabilities. Submit evidence demonstrating that your organization complies with IDEA and ADA requirements.

K. OTHER CONSIDERATIONS. *(Limit ½ page) - OPTIONAL*

NO POINTS ALLOTTED FOR THIS SECTION

If you have other considerations you would like the SEA to review when considering your application, please provide them in no more than ½ page of text. This section is optional.

L. PROVIDER DESCRIPTION *(Limit 3,000 characters) - MANDATORY*

NO POINTS ALLOTTED FOR THIS SECTION

In your own words, please describe your program; including details, specialties, and success rates that may assist parents in determining which program best suits their child. Maximum 3,000 characters. **(If application is approved and description is over the limit, it will be edited at the discretion of KDE staff.)**

2006 2007 Academic Year

Assurances for Supplemental Educational Service Providers in Kentucky

As the authorized representative of the applicant provider organization, I assure that:

- The entity/program provider serving as the legal applicant will be accountable for tracking and documenting enrollment, attendance, and supplemental services provided to public school students enrolled in the applicant's program.
- The applicant herein will be responsible for payment of all payroll taxes and fees resulting from payment from LEAs for services.
- The applicant acknowledges that if their services are **not utilized in the state within a two-year period, they will need to reapply.**
- The applicant ensures that the program/service design submitted herein, along with the information included in the section showing the evidence of effectiveness and the supporting research, is the program to be offered to students at the costs identified in this application. If the program presented for instruction to students is not the same as submitted herein, the Department of Education reserves the right to remove the applicant from the approved list of providers.
- The applicant will serve all qualified children whose parents request services from this organization equitably, without restriction. Parents of children receiving services and the school will receive information on their academic progress in reading and/or math in an understandable format and language.
- The applicant organization will not disclose to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the parent.
- The applicant will ensure that the supplemental educational services are provided outside of the regular school day.
- The applicant will, after signing a contract with the LEA, **begin tutoring services within four (4) weeks** of a student being assigned by the LEA.
- The applicant ensures that in accordance with federal regulations, the provider will cooperate with the LEA and SEA in monitoring the quality and effectiveness of the services offered by the approved provider.
- The applicant will submit to the parents of all students served a **monthly report** that summarizes the progress of students provided with supplemental educational services.
- The applicant will submit to all districts served a **state designed quarterly report** that summarizes interactions with students provided with supplemental educational services.
- The applicant will submit at the conclusion of the school year a written final report that summarizes the progress of all students provided with supplemental services to the Kentucky Department of Education, and to all districts served.
- The applicant, in accordance with Federal law, will not discriminate on the basis of race, color, national origin, sex, age, religion or disability in accepting students and providing students with supplemental educational services under Title I. (In general, a provider may not, on the basis of disability, exclude a qualified student with disabilities or a student covered under Section 504 if a student can, with minor adjustments, be provided supplemental educational services designed to meet the individual educational needs of the student.)

- The applicant will ensure that instruction provided and materials used by the applicant are consistent with the instruction provided and content used by the local and state educational agencies and furthermore, are aligned with state student academic achievement standards.
- The applicant will provide services consistent with the qualified student's individualized education program under Section 614 of IDEA if the student is covered under IDEA or Section 504 of the Rehabilitation Act of 1973.
- The applicant certifies that the instruction and content offered is secular, neutral, and non-ideological.
- The applicant further ensures that it will provide written notification to the Kentucky Department of Education within seven (7) calendar days if the supplemental educational services can/will no longer be provided or available from the applicant provider.
- The requirements of all applicable federal, state, and local health, safety, employment and civil rights laws are met.
- Applicants with multiple sites will agree to only provide services at individual sites that independently meet all required criteria and conform to the information and costs cited in this application.
- Applicants with multiple sites will agree to only provide services at individual sites for which they have secured and submitted letters granting permission for the use of identified facilities.
- Applicants agree to notify and receive permission from the KDE prior to adding or removing service locations as submitted in this application.
- Applicants with multiple business / organizational names will agree to only provide services under one name in individual schools or districts to allow for clear choices for parents.
- Pursuant to KRS 161.148, evidence will be provided to the District (LEA) that individuals providing service to children have successfully completed a criminal background check.

I am authorized to sign and submit this application on behalf of the submitting supplemental educational services organization.

Signature of Applicant

Date

Title

Name of Applicant Organization (TYPE or PRINT CLEARLY)

APPENDIX A

SCORING RUBRIC



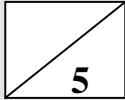
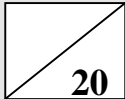
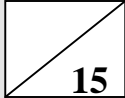
RUBRIC **For Scoring**

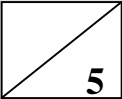
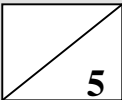
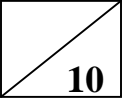
Supplemental Educational Services Provider Applications in Kentucky

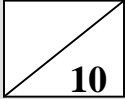
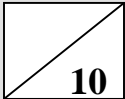
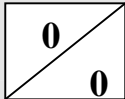
This Checklist was adapted from the *SEA Toolkit on Supplemental Educational Services*, developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI)

Applicant: _____ Application # (DOE only) _____	No Evidence 0 points	Limited Evidence 1 point (0.1 –1.0 pts.)	Substantial Evidence 2 points (1.1 – 2.0 pts.)	Weight (Multiplier)	Points Awarded (Raw Score X Weight)	Maximum Points Possible (2.0 X Weight)
INDICATORS OF QUALITY						
A. Program Accessibility				2.5		5
B. Evidence of Effectiveness				10		20
C. Evidence of Links Between Research and Program Design				7.5		15
D. Connection to State Academic Standards and District Instructional Program				5		10
E. Assessment and Student Progress				5		10
F. Communication with Schools and Districts				2.5		5
G. Communication with Parents and Families				2.5		5
H. Qualifications of Instructional Staff				5		10

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INDICATORS OF QUALITY						
I. Financial and Organizational Capacity				5		10
J1. Compliance with Federal, State, and Local Health and Safety Standards				2.5		5
J2. Compliance with Federal, State, and Local Civil Rights Protections				2.5		5
K. A response is not required.	No Response Required 0 points	No Response Required 0 points	No Response Required 0 points	No Response Required 0 points	No Response Required 0 points	No Response Required 0 points
L. A response is mandatory	Mandatory Response No Value Assigned 0 points	Mandatory Response No Value Assigned 0 points	Mandatory Response No Value Assigned 0 points	Mandatory Response No Value Assigned 0 points	Mandatory Response No Value Assigned 0 points	Mandatory Response No Value Assigned 0 points
=Up to 100 points possible if points are awarded in I				FINAL SCORE RECEIVED: (Total Points Awarded in Sections A-J)		100

Applicant: _____ Application # (DOE only) _____	No Evidence 0 points	Limited Evidence 1 point (0.1 –1.0 pts.)	Substantial Evidence 2 points (1.1 – 2.0 pts.)	Reviewer Comments
Accessibility Reviewer Score: 	<ul style="list-style-type: none"> Applicant does not describe in detail how access to services will be provided and does not give address for site locations. Applicant does not provide services that are accessible to students. Applicant does not provide location letters for off-site services. This is an incomplete application, it will not be reviewed 	<ul style="list-style-type: none"> Applicant gives a brief description of how services will be provided to students. Providers may give addresses for site locations. Applicant provides services during extended hours. Applicant lists off-site locations but does not have all letters 	<ul style="list-style-type: none"> Applicant cites specific detail on how services may be accessed by students; offers transportation as part of service; provides the addresses for site locations. Applicant provides services during extended hours. Applicant provides all location letters for off-site services 	
Evidence of Effectiveness Reviewer Score: 	<ul style="list-style-type: none"> Applicant fails to discuss the effectiveness of the program; includes little data, if any, that demonstrates positive impact on student achievement on state, district or other test Fails to include evidence, such as national or statewide test data, school grades, etc. 	<ul style="list-style-type: none"> Applicant shows some evidence of effectiveness of the program. Provides limited description of high quality, research-based instruction or curriculum model. Has pre- and post-test assessment of some kind. 	<ul style="list-style-type: none"> Applicant cites evidence that fully supports the program's effectiveness. Includes description of high quality, research-based instruction. Has independent study or other data available. 	
Evidence of Links Between Research and Program Design Reviewer Score: 	<ul style="list-style-type: none"> Applicant fails to adequately discuss how instructional materials selected for use in program are based on evidence from research 	<ul style="list-style-type: none"> Applicant can explain how major elements of its program are research-based and can provide some evidence from research. Applicant can cite research that justifies instructional methodology. 	<ul style="list-style-type: none"> Applicant clearly and specifically explains how instructional materials selected for use in program are based on evidence from research and provides detailed citations that are of high quality. 	

Applicant: _____ Application # (DOE only) _____	No Evidence 0 points	Limited Evidence 1 point (0.1 –1.0 pts.)	Substantial Evidence 2 points (1.1 – 2.0 pts.)	Reviewer's Comments
Communication with Schools and Districts Reviewer Score: 	<ul style="list-style-type: none"> Applicant does not clearly describe a process to ensure a connection between the instructional program and the program in place at the student's school or how it will report on student progress to school or district staff. 	<ul style="list-style-type: none"> Applicant provides some information as to how it will ensure a connection between the instructional program and the program in place at the student's school. Applicant outlines how it will communicate student progress to school or district staff. 	<ul style="list-style-type: none"> Applicant clearly describes process to ensure a connection between the instructional program and the program in place at the student's school. Applicant provides evidence that it already has a strong relationship with the school or district. 	
Communication with Parents and Families Reviewer Score: 	<ul style="list-style-type: none"> Applicant does not clearly indicate how it will communicate with parents about student progress or how it will involve parents in developing goal and timeline for student. 	<ul style="list-style-type: none"> Applicant provides some description of how it will communicate with parents, including an initial goal-setting meeting. Clearly explains parents' expected contribution. 	<ul style="list-style-type: none"> Applicant clearly describes how it will communicate with parents; provides innovative strategies to promote parental involvement. 	
Qualifications of Instructional Staff Reviewer Score: 	<ul style="list-style-type: none"> Applicant fails to address the qualifications of teachers/other staff or the ongoing support they will be given. Applicant does not demonstrate experience in working with Title I students. 	<ul style="list-style-type: none"> Applicant provides some description of the qualifications of teacher/other staff and the ongoing support they will be given. Applicant demonstrates some experience in working with Title I students. 	<ul style="list-style-type: none"> Applicant provides evidence that staff is highly qualified to provide supplemental services. Applicant describes comprehensive plan in place for professional development and technical assistance. Applicant demonstrates experience in working with Title I students. 	

Applicant: _____ Application # (DOE only) _____	No Evidence 0 points	Limited Evidence 1 point (0.1 –1.0 pts.)	Substantial Evidence 2 points (1.1 – 2.0 pts.)	Reviewer Comments
Financial and Organizational Capacity Reviewer Score: 	<ul style="list-style-type: none"> • Applicant does not adequately demonstrate that it is financially and organizationally sound. • Applicant fails to provide copy of last audited financial statement or presents one with significant findings. 	<ul style="list-style-type: none"> • Applicant provides some information that indicates that it is financially and organizationally sound and able to carry out proposed program. • Applicant provides copies of audited financial statements and/or detailed organizational charts and descriptions. 	<ul style="list-style-type: none"> • Applicant clearly demonstrates that it is financially and organizationally sound and capable of carrying out proposed program. • Applicant provides detailed evidence of acceptable financial and management capacity, including audited financial statements, business licenses, and organizational charts. 	
Compliance with Federal, State, and Local Regulations Reviewer Score: 	<ul style="list-style-type: none"> • Applicant does not require criminal background checks for employees. • Applicant does not give detailed descriptions of required licenses; does not adequately describe physical locations and safety measures taken. • Applicant does not provide enough evidence that shows it complies with federal, state, or local civil rights protections or ADA or IDEA requirements. 	<ul style="list-style-type: none"> • Applicant does require criminal background checks for employees. • Applicant does provide some evidence that it holds required licenses and certifications for health and safety; adequately describes physical site. • Applicant provides some evidences that it complies with federal, state, or local civil rights protections and ADA or IDEA requirements. 	<ul style="list-style-type: none"> • Applicant does require criminal background checks for employees. • Applicant provides strong evidence that it holds required licenses and certifications for health and safety; gives detailed description of physical site. • Applicant provides strong evidence that it complies with federal, state, and local civil rights protections and ADA. 	
Other Considerations Reviewer Score: 	<ul style="list-style-type: none"> • Applicant provides information that does not impact overall application and that adds little value to proposed program. 	<ul style="list-style-type: none"> • Applicant provides additional information that adds limited value to the overall application. • Applicant indicates that it has a delivery system that is readily available to accept students. 	<ul style="list-style-type: none"> • Applicant provides additional information that adds substantial value to the overall application. • Applicant indicates that it has a delivery system that can immediately accept students. 	

